

## NOTICE TO OFFERORS FOR INSURANCE BROKER SERVICES

The Hawaii Employer-Union Health Benefits Trust Fund ("EUTF") seeks qualified offerors for insurance broker services. In connection with this solicitation, the EUTF is interested in obtaining coverage for the following types of insurance: public officials liability insurance, fiduciary liability insurance, and fidelity bond. The current policies expire on November 30, 2006.

Insurance brokers interested in being considered and qualified to provide such services are invited to submit the qualification questionnaire (Appendix A). Questionnaires will be received at:

Hawaii Employer-Union Health Benefits Trust Fund  
201 Merchant Street, Suite 1520  
Honolulu, Hawaii 96813  
Attn: Donna Tonaki, Financial Management Officer

Questionnaires will be accepted up to 4:00 p.m., Hawaii Standard Time ("HST"), August 15, 2006. Questionnaires received after this time will not be accepted. Questionnaires will be reviewed and evaluated by a committee and a list of qualified insurance brokers will be prepared. A solicitation with the project scope of services (e.g., brokerage services required, insurance policies and bonds required, etc.) will be sent to those pre-qualified insurance brokers. Pre-qualified insurance brokers wishing to respond to the solicitation may submit proposals with quotations for the required insurance policies and bonds within the time period specified.

The following significant dates set forth below represent the EUTF's best estimate of the anticipated schedule of events regarding this solicitation. The EUTF reserves the right to change any date(s) as deemed necessary and in the best interest of the EUTF.

Solicitation notice issued	July 25, 2006
Insurance broker questionnaire due	August 15, 2006 4:00 p.m. (HST)
Review committee to select qualified insurance brokers	August 24, 2006
Solicitation sent to qualified insurance brokers	August 28, 2006
Deadline for submission of written questions	September 6, 2006 4:00 p.m. (HST)
EUTF's response to written questions	September 13, 2006
Proposals and quotations due	September 28, 2006 4:00 p.m. (HST)
Discussions with pre-qualified offerors (if necessary)	October 16, 2006
Best and final offers due (if any)	October 20, 2006
Contractor selection and award	October 25, 2006
Insurance and bond coverage commences	December 1, 2006

## APPENDIX A

### HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND INSURANCE BROKER QUESTIONNAIRE

Please provide complete and detailed answers/information in writing for the following:

1. Give a general description of your firm, including a brief history, size, number of offices, and other pertinent information.
2. Are you licensed to broker insurance in the State of Hawaii ("State")? Please attach a copy of your license(s) and/or the license(s) of your affiliate.
3. Provide your State General Excise Tax License Number and your Federal Employer Identification Number. (If you are awarded a contract, you will be required to provide a State and Federal Tax Clearance form.)
4. Identify the location of any and all branch offices and/or the offices of affiliates that would assist in serving the EUTF.
5. Provide the qualifications of the account executive(s) that would be assigned if your firm were successful in obtaining the EUTF's business. With respect to each account executive, provide the following information: name and number of municipal/public entity clients or other types of clients that are similar to the EUTF; length of time with the firm; years in insurance or risk management business; and educational background and professional designations. If available, provide a resume for each account executive.
6. Provide three references for your firm. For each reference, show: name of client; name, title and phone number of contact; lines of coverage placed; when your firm served the account; and approximate premium size.
7. Has your firm or any of your firm's partners or officers ever been an officer or partner of another organization that defaulted on or failed to complete a contract with the State related to insurance within the last five (5) years. If yes, please explain in detail.
8. Has your firm, partners, or officers ever been involved in any bankruptcy action? If yes, please explain in detail.
9. Has your firm or its partners or officers ever been involved in any litigation with the State, any county, or any other governmental agency? If yes, please explain in detail.
10. List the top five public sector clients (e.g. large public agencies, trust funds/similar entities, and other large public sector purchasers) for whom you broker fiduciary liability insurance, errors and omissions insurance, fidelity bonds, or similar types of coverage. For each client identified, please provide the following information: name of client; name, title and phone number of contact; lines of coverage placed; when your firm served the account; and approximate premium size.
11. If you have not provided brokerage services for at least five public sector clients, provide the information requested under item 10 for large quasi-public or private sector clients.